

FILED FEB 19 1945

Primary Registration District No. 5224

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural, 6 mi. SE of Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grand River
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 (Specify whether years, months or days)
In this community. 1

3. (a) PRINT FULL NAME Rosa Bee Anderson

3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Anderson, John Anderson 6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased Jan 12 - 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Cherokee - Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Home Maker

11. Industry or business

12. Name Alexander Deslie Blunt

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ann Short

15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant W. M. Anderson

(b) Address Harrisonville, Mo

17. (a) BURIAL (b) Date thereof 2-9-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO

19. (a) Feb. 9, 1945 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass
(c) City or town Rural 19 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓ 5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1945 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 4 -
to Feb 7, 1945 to Feb 7, 1945
that I last saw her alive on Feb 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease with Chronic Cong

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Cause of injury

23. Signature J. N. Scott (M. D. or other)

Address Harrisonville, Mo Date signed 2/9/45

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

157128 Scott

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.